

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**
FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

11 - 07

2. STATE:

Michigan

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH FINANCING ADMINISTRATION
DEPARTMENT OF HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
July 1, 2011

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:
Section 4107 of the Affordable Care Act

7. FEDERAL BUDGET IMPACT:

a. FFY 10 \$ -0-

b. FFY 11 \$ -0-

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Supplement to Attachment 3.1-A, Page 35

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Supplement to Attachment 3.1-A, Page 35

10. SUBJECT OF AMENDMENT:

Michigan's State Plan has been amended to indicate Michigan Medicaid covers tobacco cessation services for pregnant women.

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:

Stephen Fitton, Director

Medical Services Administration

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:
Stephen Fitton

14. TITLE:
Director, Medical Services Administration

15. DATE SUBMITTED:
September 26, 2011

16. RETURN TO:

Medical Services Administration
Program/Eligibility Policy Division - Federal Liaison Unit
Capitol Commons Center - 7th Floor
400 South Pine
Lansing, Michigan 48933

Attn: Loni Hackney

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

18. DATE APPROVED:

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPE NAME:

22. TITLE:

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of MICHIGAN

***Amount, Duration and Scope of Medical and Remedial Care
Services Provided to the Categorically and Medically Needy***

19 Case Management

See Supplement 1 to Attachment 3.1-A

20. Extended Services to Pregnant Women

- a. The Program covers extended services for 60 days after delivery.
- b. All necessary medical services related to pregnancy or services associated with medical conditions that may complicate pregnancy are covered, including:
 - 1) Psychosocial/nutritional screening and assessments are covered when the service is provided through a Maternal Infant Health Program (MIHP) provider certified to render this service by the Department of Community Health, Public Health Administration. The assessment is administered by a licensed social worker and/or licensed public health nurse. The assessment process identifies the existence, nature or extent of psychosocial/nutritional deviation, if any, in a beneficiary.
 - 2) The MIHP provider must be certified by the Department of Community Health, Public Health Administration. Practitioners rendering the service must be either staff of the certified MIHP provider or under direct contract to that certified agency and must be state licensed, rendering services within the scope of practice as defined by state law. MIHP services consist of:
 - a) professional visits/interventions of a licensed social worker and/or a licensed public health nurse for counseling to prevent disease, disability, other health conditions or their progression and coordination of care to promote physical and mental health and efficiency, and
 - b) childbirth/parenting education programs that have been certified by the Department of Community Health, Public Health Administration and delivered by a licensed practitioner as defined under this item.
 - 3) MEDICAID COVERS COUNSELING AND PHARMACOTHERAPY FOR CESSATION OF TOBACCO USE BY PREGNANT WOMEN.

21. Ambulatory Prenatal Care for Pregnant Women during Presumptive Eligibility

Ambulatory prenatal care for pregnant women is provided during a presumptive eligibility period if the care is furnished by a provider eligible for payment under the State plan.

TN NO.: 11-07

Approval Date: _____

Effective Date: 07/01/2011

Supersedes
TN No.: 09-07